VOLUNTEER WORK WITH THE HANDI-
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by

H. Kenneth Fitzgerald

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American Social Structure. Historical Antecedents and Contemporary Analysis. By Don Martindale. New York, Appleton-Century-Crofts, Inc. 1960. Pp. xi-521. $6.00.

This book, one in the Appleton-Century-Crofts Sociology Series edited by John F. Cuber, essays a sociological analysis of the communities of American society. In light of this unique key to the analysis of social structure, the author considers in turn the regional, rural, urban, ethnic, and status communities of the United States. In addition, Martindale postulates that each community has an institutional core; that the core institutions of the nation are the state and the national economy.

According to the author the most important general concepts at hand for the analysis of social interaction in the United States are those of "society" and "community." A society is defined as the largest distinguishable complex of interhuman behavior forming a single system, and a community is a complete way of life and the systems of institutions that make it possible; or, in other words, society is the largest and most comprehensive form of modern community. In advance of examining a wealth of interesting material on the many subsystems of American society, the author sets forth some unifying themes and behaviors that tend to be common to Americans in all situations, the unifying concept of "Natural Character."

Martindale states that the primary principles of community formation are stability, consistency, and completeness. Restated, whenever a group of persons interact over a period of time, three principles are at work accounting for a movement toward stability, consistency and completeness. These principles are especially pertinent in the formation of the regional, rural, and urban communities. A number of secondary principles of community formation—external and internal closure, extra-community innovation, and social differentiation—are offered to account for the formation of the ethnic community and the status community. For example, in accounting for the ethnic community, the author holds that the simultaneous action of stability and consistency within the community results in external closure. As the community moves toward stabilizing its interhuman arrangements and to make them consistent with others, this leads to making the social arrangement exclusive to the community, resulting in closure. While closure operates to keep the community intact, it tends to shut off innovations and to limit the attainment of attractive features from other communities. Against this tendency is the interaction of completeness with closure to produce extra-community innovation which provides devices for securing things from other communities. Thus, the cooperation of the secondary principles of closure and extra-community innovation produces the ethnic community. In accounting for the status community there is an interaction of social differentiation or division of labor and internal closure. In this formation there is a restructuring of activities within the community for the attainment of power, wealth, and esteem. As these new values come into being through the process of social differentiation, the principles of internal closure operate to aid persons in strategic positions to monopolize these positions. This closure is not directed against an ethnic alien, but against others of the same community. A wide range of interesting material is used for illustrative purposes.

In summary, this book presents a new way of analyzing the social structure, namely, through the community. Its very uniqueness has much to offer, but more than this the analysis is well done and its results are meaningful. Pedagogically, it should serve well as a textbook, with its lucid style, and summaries, selected readings, and questions and suggestions for further study at the end of each chapter. It will serve as a welcome aid to the practicing social worker in becoming more knowledgeable about the social environment.

C. J. Collins,
Assistant Professor of Social Work, The Worden School of Social Service, Our Lady of the Lake College, San Antonio, Texas.

"The love of truth without charity becomes intolerant and is repulsive. Charity without truth is blind and cannot endure."

—Augustin Cardinal Bea, S.J., *president of the Secretariat for Promoting Christian Unity, at 8th annual brotherhood banquet sponsored by the Pro Deo University, Rome, January 13, 1963.*

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VOLUNTEER WORK WITH THE HANDICAPPED*

By H. KENNETH FITZGERALD, D.S.W.

Director, Bureau of Community Surveys, Division of Community Services, American Foundation for the Blind, New York, N. Y.

BEFORE launching into our broad subject of "Volunteer Work with the Handicapped" this morning, I should like to make a few introductory comments to help put our subject into a manageable perspective. First of all, it is not possible to cover such a broad subject with thoroughness in the limited period available this morning. I, therefore, have selected certain elements of the subject which I believe could be helpful to you and which need reemphasis from time to time.

Secondly, while I will emphasize in this presentation the scientific or technical aspects of programming, I am fully cognizant of the importance of the other two program elements, the spiritual or motivational and the administrative. In other words, all programs are composed of three elements, the spiritual or motivational, the scientific or technical, and the administrative.

The spiritual element has been ably presented both at this National Conference and in many preceding ones in a number of eloquent addresses. In fact, as one peruses your proceedings of recent years or your history of the last 114 years in the United States, he finds an overwhelming emphasis on the spiritual and motivational facets of your programs, with a constant and consistent recognition of the dignity and worth of the individual. For this you are to be commended, for it is a dimension of programming frequently lacking or greatly diluted in some social welfare activities in modern society.

In perusing these same materials, i.e., your proceedings and history, it is apparent that the other two facets of programming, namely, the technical or scientific and the administrative have not been considered with the same thoroughness as the spiritual.

The administrative portion is the process of organizing, managing, and directing the use of the scientific or technical elements. It is clearly reflected in your proceedings of recent years that you are not content with the administrative portion of your activities. You have raised questions again and again as to your place in today's society, your relationship to Diocesan Bureaus of Catholic Charities, to other social welfare agencies, both public and voluntary, and to community planning and social action activities. May I urge you to continue this self-review and self-criticism, for it is out of such probings that growth, improvement, and progress take place. This

* Paper given at Annual Meeting, Atlantic City, N. J., September 17, 1962.

attitude of careful investigation regarding the fundamental scope of the Society's work is most healthy. Such direct examination can lead to positive conclusions regarding the specific future activities of the Society in any given community.

The third component of programming is the scientific or technical element. We are here speaking of the areas of specialized knowledge and practice by which program results are produced and applied. It is this facet of programming to which the Society has directed the least attention in recent years. The words of Bishop Byrne, your National Spiritual Director, regarding spirituality, are equally applicable to the scientific or technical component of programming. In the Prologue to the 1961 *Proceedings,* he wrote:

> This spirituality is not something to be achieved once and for all. Its achievement is a continuously formative process, demanding study, meditation, spiritual exercises and life-long perseverance. If spirituality is so considered and so pursued, there will be a constant deepening in one's very being.[1]

Just as these words apply to the spiritual aspects of programming they apply to the scientific or technical. Rephrased, the scientific component of programming requires constant study and seeking of knowledge and a continuous review of procedures and practices which will enable the Vincentian in his volunteer activities to more adequately aid the persons he is serving.

I should like to review with you a few concepts of technical or scientific information pertaining to work with the physically and mentally handicapped. First of all, what is the size of the problem we are talking about? It is monumental! From the facts gathered in the U. S. National Health Survey of 1957-1958,[2] it is estimated that there are about 24,000,000 impairments among the civilian non-institutional residents of the United States. Expressed in another way, approximately 141 of every 1,000 persons suffer some kind of an impairment. The Office of Vocational Rehabilitation estimates that there are approximately 2,250,000 persons in the country who could benefit from vocational rehabilitation services.

Over and above this group suffering from long-range impairments, each of us suffers an average of 2.6 acute conditions each year, that is, brief illness of less than three months' duration.

No exact figures are available on mental illness. However, each year over one million persons, or 1 in 180, are hospitalized for mental illness, and another ¾ million are treated in mental health clinics and psychiatrists' offices.

In a recent address a member of the President's Commission on Mental Retardation stated that there are approximately 5,000,000 mentally retarded persons in the United States or 28 per 1,000.

Realizing the enormous size and scope of the problem of physical and mental illness in this country, I should like to select just one group for discussion, namely, the blind—noting that many of the principles which apply to work with the blind can be applied to work with other handicapped groups as well.

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[1] Byrne, Most Rev. Leo C. "Towards Growth in Charity," Prologue, *Proceedings of Annual Meeting,* Superior Council of the United States, Society of St. Vincent de Paul, St. Louis, p. 4.

[2] *Health Statistics,* from U. S. National Health Survey, Impairment by type, sex and age, United States, July 1957-June 1958, Series B-9, U. S. Department of Health, Education, and Welfare, U. S. Public Health Service, Washington, D. C., April 1959, pp. 1-6.

What are some of the areas of scientific or technical knowledge that members of volunteer associations should be aware of if they are to work with blind persons in a volunteer capacity?

Size and Scope of Problem

First of all, they should have some awareness of the size and scope of the problem within their community. This knowledge is required to facilitate recognition of the greatest areas of need and of those age groups most in need of service. For example, in the United States, there are almost 400,000 blind persons, i.e., legally blind, or about 2.14 per thousand. The rate varies from State to State based on a number of factors. However, using such rates, we can estimate somewhat reliably the number of blind persons in each State. For example, in New York State, there are about 33,000; in Virginia 10,-300; in Washington State 5,000, etc. In general, we can estimate that 50 of every 100 blind persons are in the 65 and over age bracket and of the remaining half, 10 are children and 40 are adults between the ages of 20 and 65. This is important to know because the kinds of services that children require are quite different from those the other age groups require. Thus, the composition of any disability group is of extreme importance so that services can be tailored to meet varying needs.

The Effects of a Disability

Another important area of knowledge is what the disability does to people when it has happened. Father Thomas Carroll, Director of the Catholic Guild for the Blind in Boston, has written an outstanding book filled with fundamental ideas about blindness and its effects upon individuals who are so afflicted. He first analyzes the losses which make up the handicap of blindness and then discusses "the problems of restoring or substituting for what has been lost, building up to the total rehabilitation of the blind person."[3]

In all, Father Carroll lists 20 losses due to blindness. In other words, there are at least 20 areas to which attention needs to be given in understanding blindness and its impact upon the individual. Among these are:

1. Loss of physical integrity.
2. Loss of mobility.
3. Loss of techniques of daily living.
4. Loss of ease of written communication.
5. Loss of recreation.
6. Loss of personal independence, etc.
7. Loss of total personality organization.

Following this carefully developed analysis of the 20 losses that may accompany blindness, Father Carroll discusses the 20 restorations required to help the blind person to build up to total rehabilitation so he can return to his rightful place in society. This comprehensive rehabilitation effort contains four main phases:

1. Training the other senses to take over the role of sight.
2. Training in skills and the use of devices.
3. Restoring psychological security.
4. Influencing the attitude of his society to him and assisting him to meet the prevailing attitudes.[4]

Father Carroll further points out two facts that need to be kept in mind, especially as blindness affects the individual. They are:

1. The various effects of blind-

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[3] Carroll, Rev. Thomas, *Blindness*, Little-Brown Co., Boston, p. 6.
[4] *Ibid.*, p. 98.

ness cannot be completely separated and distinguished by analysis. "They are blows to a human life—to the life of one organism, one person, and so they necessarily interweave." [5]

2. "The second fact to remember is that these losses, which are equally severe in themselves, are also felt in different ways and to different degrees by different people." [6]

It is believed that few persons suffer in all 20 areas. Therefore, the resulting program of rehabilitation for these persons must be individualized according to the losses suffered. Father Carroll has made a monumental contribution to the field of work for the blind by his "analysis re-synthesis" method and he believes this method may prove useful in working with other major disabilities, i.e., an analysis of the losses due to a disability followed by a program of rehabilitation geared to re-synthesizing the strengths of the individual. His point of view undoubtedly is valid for some of the losses due to blindness would have parallels in other disabilities. For example, the loss of mobility would be as serious a problem to the double amputee as to the blind person. The method of restoration of mobility skills would, however, be different. In one instance, it would be cane travel or guide dog, and in the other, the use of artificial legs, crutches, or wheelchair, or a combination of these.

Shock and Depression

A second frame of reference that is important for understanding blindness has been expressed by Dr. Cholden in *A Psychiatrist Works with Blindness.* He writes: "If an adult suffers loss of sight with any degree of suddenness, he will usually react with a state of psychological immobility that can best be described as a state of shock." [7] This period may last from a few days to a few weeks. Dr. Cholden also expresses the view that, "The longer the shock state, and/or the greater the number of shock episodes, the more difficult is the person's rehabilitation to blindness." [8] He also believes it would be unwise to abort or change the course of this state of temporary emotional withdrawal or shock.

This initial reaction period of shock is followed by a state of depression in which there are feelings of self-recrimination, feelings of hopelessness, self-pity, lack of confidence in meeting problems, etc.

The important aspect of these two periods of shock and depression is that they are necessary and normal phases in the reorganization process which must be lived through. Too often friends, relatives, volunteers and others who come in contact with the blind person prevent the patient's acceptance of his blindness by their well-meaning and sympathetic comments. Consequently, they hinder and sometimes prevent the necessary readjustments which are primary to the rehabilitation process. Rarely do they offer hope that the patient may still have a full life as a blind man, that it is only in some specific areas he must learn to live a different kind of life.

Just as there are periods of shock and depression following the onset of blindness, there is evidence that comparable behavior reactions take place following the onset of most major physical disabilities. Our ac-

[5] *Ibid.*, p. 6.

[6] *Ibid.*, p. 6.

[7] Cholden, Louis S., M.D., "Some Psychiatric Problems in the Rehabilitation of the Blind," *A Psychiatrist Works with Blindness,* American Foundation for the Blind, New York City, p. 73.

[8] *Ibid.*, p. 74.

tivities, therefore, should not be geared to prevent the shock and depression which is so correctly believed to result from the patient's awareness of his true disability. Those who persistently offer hope to forestall the depression are unaware that they are impeding the rehabilitation process. To the contrary, the handicapped person must learn to come to terms with the fact that he has a disability. Then he can learn to live with his disability. Therefore, as persons working with the handicapped, we need to have an understanding of the meaning of the disability we are working with and an understanding of the psychological aspects of the disability as they affect the individual. Without this understanding, there is oftentimes a strong tendency to over-support handicapped people in the guise of helping.

In other words, volunteer service with a handicapped group involves learning certain skills and gaining certain insights. It also demands knowledge about the disability and knowledge about persons suffering from the disability.

Teamwork

Another most important aspect of volunteer work with the handicapped is the fact that such activities, as important as they may seem, become useful only when channeled properly.

Volunteers operate as members of the Rehabilitation Team. Their activities need to be a part of the mainstream of effort on behalf of the client. When volunteers add to this total effort, they serve the client effectively. When they operate alone or without reference to the work of the team, frequently they weaken or undermine the total service.

Therefore, to achieve this level of teamwork, Conference members should work closely with professional staff members and consult them before moving off the beaten path. They should cooperate closely with the staffs of rehabilitation centers, medical facilities, health agencies, family agencies, etc., depending upon which agency is carrying primary responsibility for working with the client. I make this statement fully aware that there is a degree of reservation among some of your members toward professionals, but this attitude is not in keeping with the history and development of the Society. The St. Vincent de Paul Society pioneered in helping to found several professional schools of social work in this country and, in November, 1916, *The St. Vincent de Paul Quarterly* hailed this movement to create professional schools of Social Work as "one of the most hopeful signs of progress in Catholic Relief Work." [9] In addition to this, some Conferences have granted scholarships for professional training in social work, and others regularly employ professionally qualified staffs.

Volunteer activities are required by all disability groups to supplement and round out the work of the agencies and their professional staffs. The types of activities would necessarily vary according to the specialized needs of the group and of the individual. Among blind persons, for example, some of the volunteer skills and interests needed are:

Braille transcribers
Volunteer drivers for children
Volunteer drivers for adults
Large-type transcribers
Recording transcribers

[9] McColgan, Rev. Daniel T., *A Century of Charity*, Volume II. Bruce Publishing Co., Milwaukee, 1951, p. 342.

Reading volunteers for adults, especially college students
Volunteers for social or recreational activities
Arts and crafts volunteers
Friendly visiting in the home to assist in such matters as letter writing, special shopping trips, etc.

A similar list can be drawn up for most disability groups.

Activities of this kind and scope call for a high degree of cooperation between the Conferences of the Society and existing health and welfare agencies in their communities. Such a spirit of cooperation is part and parcel of the Society as demonstrated by some of your leaders. Msgr. McColgan in his comprehensive work, *A Century of Charity*, writes of Thomas Mulry, your most outstanding leader in this country, as follows:

> He (Mulry) was convinced that one who professes belief in an abstract principle, like cooperation, should not be indifferent to every effort to put it into practice. He felt that if one espouses the principle of cooperation in relief work, he should be prepared to adopt every reasonable measure that will make cooperation possible.[10]

Mulry's concept of cooperation indicates clearly that the Society and its Conferences should be in the vanguard of seeking cooperation so they can most effectively serve those requiring help.

Specialized Training

Work with the handicapped calls for specialized training. It is important that such training take place before programs are launched. This training can ideally be carried out through the Society's Ozanam Schools. In planning for such training sessions, it would be helpful to secure professional guidance in preparing the format of the meetings. Also, lectures should be presented by people skilled in teaching as well as knowledgeable in their particular field.

For example, in planning a program on blindness, the staff of the local voluntary association for the blind or the State Service for the Blind could be most helpful in delineating the kinds of subject matter that ought to be reviewed. The staffs of these agencies could also conduct some of the meetings or help to secure competent leaders in the field. In projecting such a training program, several periods should be devoted to:

1. Background knowledge about blindness.
2. Problems created by the disability of blindness.
3. Information regarding how the local agencies attack these problems and work toward the rehabilitation of the client.
4. A review of resources available for helping the client.
5. The role and function of volunteers in serving blind persons, including concrete case illustrations.

Over a period of several years, different disability groups could be focused upon. There is much specialized knowledge about each disability that is important if your work is to achieve the highest level of aspiration for the individuals you serve.

Through the Salvage Bureau activities of some Conferences, a number of employment opportunities have been given to handicapped or mentally retarded persons. While such employment may in and of itself be worth while, questions can be raised as to the purposes of this employment as it affects the individual.

[10] *Ibid.*, p. 369.

"Our people by and large do not see any social implications in their religion. Our children are still being taught that the most important thing is the salvation of their individual souls. . . . In today's compressed world, men must relearn the truth the Church has always taught: The doctrine of human interdependence is based on the Christian brotherhood of man under the Fatherhood of God."

—Rev. Albert J. Nevins, M.M., *Editor of Maryknoll magazine, at Peace Award Luncheon of Catholic Association for International Peace, New York, October 27, 1962.*

Are Salvage Bureau programs conceived as being comparable to sheltered workshop employment? If so, is the focus on the development of work tolerance and job skills which will enable the handicapped person to move on to the open employment market? Is the purpose to provide employment of a long-range nature for those unable to make the grade in the open employment market? Are placements in the Bureaus being made in close cooperation with vocational counseling services? In other words, are these employment opportunities part of a rehabilitation plan to assist the individual to reach his maximum level of competence? These are questions that require careful review and examination as you continue and expand work with the handicapped. It may mean the employment of staff with professional skills so that Salvage Bureaus can provide more effective services in assisting in the rehabilitation of the handicapped.

Work with the handicapped is an exciting field opening many new vistas and horizons of service for both the volunteer and the professional. It calls for a total approach through a balanced program. The three basic elements of such a program are the spiritual, the administrative, and the scientific or technical. Some of the more important technical or scientific aspects of programming that require careful consideration are:

1. An awareness of the size and scope of the problem within the community, with special emphasis on different age groupings.

2. A knowledge of what the disability does to people when it has happened. What are the losses which make up the handicap and what are the restorations required to help rehabilitate the person?

3. A recognition that a disability affects each individual differently.

4. An understanding of the phases of shock and depression as necessary and normal phases in the reorganization process.

5. A recognition that volunteer service with handicap groups involves gaining certain basic skills and knowledge about persons suffering from the disability.

6. Volunteer activities become useful only when channeled properly. Such channeling requires close working relationships with professional staff members of agencies involved.

7. Work with the handicapped calls for additional training which can well be carried out through your Ozanam Schools.

8. Salvage Bureau programs need to be looked at in the light of modern concepts of rehabilitation to determine if their functions in serving the handicapped can be enlarged upon.

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